

J1132 U.S. PTO
09/19/01

09-20-01

A

PTO/SB/05 (08-00)

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	101403-5
	First Inventor	Masaaki UENO
	Title	[See Appendix]
	Express Mail Label No.	EL867734711US

J1046 U.S. PTO
09/19/01

09/19/01

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
---	--

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>22</u>] (Preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Detailed Description of the Drawings (if filed) - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages <u>2</u>] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>2</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (For continuation/divisional with Box 17 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63 (d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary) a. <input type="checkbox"/> Computer Readable Forms (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
--	--

ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Paper (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (When there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Citations Statement (IDS)/PTO-1449 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (If foreign priority is claimed) 16. <input checked="" type="checkbox"/> Other <u>Appendix</u>

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____
 Prior application information: Examiner _____ Group / Art Unit: _____

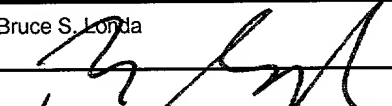
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

☐ Customer Number or bar Code Label

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Bruce S. Londa				
Address	Norris McLaughlin & Marcus, P.A.				
	220 East 42 nd Street - 30 th Floor				
City	New York	State	New York	Zip Code	10017
Country	USA	Telephone	212-808-0700	Fax	212-808-0844
Name (Print/Type)	Bruce S. Londa	Registration No. (Attorney/Agent)	33,531		
Signature		Date	September 19, 2001		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT**\$395.00****Complete if Known**

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Masaaki UENO
Examiner Name	To Be Assigned
Group Art Unit	To Be Assigned
Attorney Docket No.	101403-5

METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.

Deposit Account Number **14-1263**

Deposit Account Name

- ☒
- Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

- ☒
- Applicant claims small entity status. See 37 CFR § 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	355.00
106 320	206 160	Design filing fee	
107 490	207 245	Plant filing fee	
108 710	208 355	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) \$355.00**2. EXTRA CLAIM FEES**

Extra Claims		Fee from below	Fee Paid
Total Claims	11 - 20** = 9	X	0.00
Independent Claims	1 - 3** = 40	X	0.00
Multiple Dependent			

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 80	202 40	Independent claims in excess of 3	
104 270	204 135	Multiple dependent claim, if not paid	
109 80	209 40	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) \$0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non - English specification	
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 390	216 195	Extension for reply within second month	
117 890	217 445	Extension for reply within third month	
118 1,390	218 695	Extension for reply within fourth month	
128 1,890	228 945	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,240	241 620	Petition to revive - unintentional	
142 1,240	242 620	Utility issue fee (or reissue)	
143 440	243 220	Design issue fee	
144 600	244 300	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR § 1.17(q)	
126 180	126 180	Submission of Information Disclosure Statement	
581 40	581 40	Recording each patent assignment per property (times number of properties)	40.00
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))	
179 710	279 355	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	
Other fee			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$40.00**SUBMITTED BY**Name (Print/Type) **Bruce S. Londa**Registration No.
(Attorney/Agent)**33,531****Complete (if applicable)**

Telephone

212-808-0700

Signature

Date

September 19, 2001**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

EXPRESS MAIL CERTIFICATE

"Express Mail" mailing label number EL 867734711 US

Date of Deposit September 19, 2001

I hereby certify that the following items:

1. Utility Patent Application Transmittal
2. Fee Transmittal Form (in duplicate)
3. Original Specification, in English consisting of:
Description - pgs. 1-17; Claims - pgs.18-21; Abstract - 1 page;
and Drawings - 2 sheets (FIGS. 1 & 2)
4. Declaration and Power of Attorney
5. Assignment Recordation Form Cover Sheet (in duplicate) and Assignment
6. Appendix citing Title, List of Inventors, Claim to Priority, and
Certificate of Mailing
7. Return Receipt Post Card

are being deposited with the United States Postal Services "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the: Hon. Commissioner for Patents, Washington, D.C. 20231, Box Patent Application.

NORRIS, McLAUGHLIN & MARCUS, P.A.

By *Gulene Banks*